

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

10827247

CLAIMS

	AS Filed		AS filed AS filed		AS filed AS filed	
	CND	DEP	CND	DEP	CND	DEP
1	1					
2	1					
3	1					
4	3					
5	1					
6	1					
7	1					
8	1					
9	1					
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TOTAL IND.	1					
TOTAL DEP.	3	←	←	←	→	→
TOTAL CLAIMS	14	████████	████████	████████	████████	████████

	CND	DEP	CND	DEP	CND	DEP
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TOTAL IND.		→	→	→	→	→
TOTAL DEP.		→	→	→	→	→
TOTAL CLAIMS		████████	████████	████████	████████	████████